11/22/2010 17:48

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FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

•		or Oth	ner Than An	Authoriz	ed Commit	ttee		Office Us	e Only	
1.			C MAILING LAE E OR PRINT	_	example:If typir example:If typir	ng, type				
L	American Academy of Ophtha	ilmology I	Inc Political Com	nmittee (OPI	HTHPAC)	1 1 1				
						1 1 1 1		1 1 1 1		1 1 1
AD	DRESS (number and street)	655 B	Beach Street				1 1 1			
г	Check if different									
L	than previously reported. (ACC)	San F	Francisco				CA	94	1109	
2.	FEC IDENTIFICATION NUM	BER	—	CITY 🛦		;	STATE	2	ZIPCODE	A
	C00196246			3. IS THIS		NEW (N) OR	X	AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	`´ F	Monthly Report Due On:	Feb 20 (M	12)	May 20 (M5)		ug 20 (M8)	Y	lov 20 (M11) Non-Election ear Only)
	(a) Quarterly Reports:			Mar 20 (M	(3)	Jun 20 (M6)	S	Sep 20 (M9)	X V	lec 20 (M12) Non-Election ear Only)
	April 15			Apr 20 (M-	4)	Jul 20 (M7)		Oct 20 (M10)	Já	an 31 (YE)
	Quarterly Report(Q1		c) 12-Day		Primary (12	2P)	Gener	al (12G)	□ R	Runoff (12R)
	July 15 Quarterly Report(Q2	'	PRE-Election Report for the		Convention		=	al (12S)		,
	October 15 Quarterly Report(Q3	3)	rteport for ti	ic.	Convention	(120)	Specia	ai (123)		
	January 31 Quarterly Report(YE	E)	E	Election on					in the State of	
	July 31 Mid-Year Report(Non-election Year Only) (MY)	(0	d) 30-Day Post -Elect Report for tl		General (30	OG)	Runof	f (30R)	s	special (30S)
	Termination Report (TER)		·	Election on					in the State of	
5.	Covering Period 11	0	200	9	through	11	30	2009		
l ce	ertify that I have examined this R	eport and	d to the best of r	ny knowledg	e and belief it	is true, correct	and comple	te.		
Тур	oe or Print Name of Treasurer	Steve	en Rausch							
Sig	nature of Treasurer Electron	ically File	ed by Steven F	Rausch		D	ate 1	1 22	2	0 1 0
NC	OTE : Submission of false, erron	eous, or i	incomplete infor	mation may	subject the per	son signing thi	s Report to	the penalties	of 2 U.S.C	3437g.
	Office Use							1	FORM v. 12/2004)	

A. Form/Schedule: F3XA

Transaction ID:

Due to a rare error with our third-party PAC software, a recurring contribution of \$416.66 from Delia Sang, which was intended to be given to Ophthpac, was mistakenly deposited into a different bank account. This error was discovered in late October 2010. We will file amended reports from Nov 2009 through PreGeneral 2010 to reflect these receipts.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

3 / 61 FEC Form 3X (Rev. 02/2003)

	Vrite or Type Committee Name American Academy of Ophthalmology Inc Po	plitical Committee (OPHTHPAC)	
F	Report Covering the Period: From:	01 2009	To: N N N 30 Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2009 Y Y Y		681385.49
	(b) Cash on Hand at Begining of Reporting Period	766688.29	
	(c) Total Receipts (from Line 19)	48245.98	601206.70
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	814934.27	1282592.19
7.	Total Disbursements (from Line 31)	66649.30	534307.22
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	748284.97	748284.97
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 61

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

м м	D D	Y
1 1	0 1	

2009

To:

м м 1 1

^D 30

^Y ^Y ^Y ^Y 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	33995.98	522179.86
(ii) Unitemized	13885.00	66330.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	47880.98	588510.48
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	47880.98	588510.48
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	365.00	12696.22
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	48245.98	601206.70
Total Federal Receipts (subtract Line 18(c) from Line 19)	48245.98	601206.70

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 61

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1649.30	16625.72
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	1649.30	16625.72
2. Transfers to Affiliated/Other Party Committees	0.00	0.00
3. Contributions to		
Federal Candidates/Committeesand Other Political Committees	65000.00	454500.00
Independent Expenditure (use Schedule E)	0.00	58704.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
	0.00	0.00
7. Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	4477.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	4477.50
9. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	66649.30	534307.22
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	222.12.22	
from Line 31)	66649.30	534307.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 61

III. N	let Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	tributions (other than loans) 11(d), page 3)	47880.98	588510.48
	tribution Refunds	0.00	4477.50
	butions (other than loans) Line 34 from Line 33)	47880.98	584032.98
	eral Operating Expenditures 21(a)(i) and Line 21(b))	1649.30	16625.72
	Operating Expenditures e 15, page 3)	0.00	0.00
•	ting Expenditures Line 37 from Line 36)	1649.30	16625.72

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Thomas Aaberg, Jr. Mailing Address 2081 Hunters Run Nor			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Ada FEC ID number of contributing federal political committee.	State MI	Zip Code 49301	Transaction ID: 42B7896BABEC1B5BFF5 Amount of Each Receipt this Period 50.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophtham Aggregate		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Б.	Full Name (Last, First, Middle Initial) Omar Almallah Mailing Address 20 Mule Road			Date of Receipt 1 1 1 1 1 2 0 0 9
	City Toms River FEC ID number of contributing federal political committee.	State NJ	Zip Code 08755-5028	Transaction ID: 4F91A8586376BEC9E1B8 Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYM-
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophtham Aggregate		ENT APPROVED AND SETTLED
С.	Full Name (Last, First, Middle Initial) John Altenburg Mailing Address Suite 205 6101 Webb Road			Date of Receipt 1 1 1 9 2 0 0 9
	City Tampa FEC ID number of contributing federal political committee.	State FL	Zip Code 33615-2872	Transaction ID: 34D64AA95EEB3AC3276 Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophtham		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			600.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full) American Academy of Ophtha	using the name and ac	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial Daniel Alter Mailing Address Suite 640 1875 Dempstrictly Park Ridge FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	er Street State IL Occupation	Zip Code 60068-1179	Date of Receipt M M M J D D J 2 009 Transaction ID: 579C519291174572CF3 Amount of Each Receipt this Period 199.00
Full Name (Last, First, Middle Initia Manek Anklesaria Mailing Address Suite 307 2325 S Harva City Tulsa FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	rd Avenue State OK C Occupation	Zip Code 74114-3307 on mologist te Year-to-Date ▼ 730.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 0 5 2 0 0 9 Transaction ID: 641FCBBDDFEEF0B46E Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial Amin Ashrafzadeh Mailing Address 3209 Papillon City Modesto FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Court State CA C Occupation Ophthan	Zip Code 95356-9307 on mologist te Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1564.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	e name and add	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Charles Baltimore Mailing Address 639 W 15th Street City Washington FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NC C Occupation Ophtham Aggregate		Date of Receipt M M M / D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Allen Beardsley Mailing Address PO Box 2020 City Havre FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MT C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Paul Beer Mailing Address Suite 201 1220 New Scotland First City Slingerlands FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State NY C Occupation Ophtham		Date of Receipt M M M J D D J Z D O 9 Transaction ID: 043E0B4F2618930C784 Amount of Each Receipt this Period 365.00
	SUBTOTAL of Receipts This Page (optional)			1564.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 61 (check only one) X 11a
N	nformation copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full) american Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
A. <u>Jo</u>	ull Name (Last, First, Middle Initial) pseph Bentivegna lailing Address 541 Cromwell Avenue		7. Oak	Date of Receipt 1 1 1 7 2 0 0 9
<u> </u>	ity Rocky Hill EC ID number of contributing ederal political committee.	State CT	Zip Code 06067-1805	Transaction ID: 6A130B5662AEFCB3706 Amount of Each Receipt this Period 250.00
N S	ame of Employer elf eceipt For: Primary General Other (specify)	Occupatio Ophtham Aggregate		1
B. <u>D</u>	ull Name (Last, First, Middle Initial) avid Beverly lailing Address Suite 202	0 0		Date of Receipt 1 1 0 4 2 0 0 9
<u>S</u> Fl	34520 Bob Wilson Drivity San Diego EC ID number of contributing sederal political committee.	State CA	Zip Code 92134-2202	Transaction ID: 62E3CE9B48A9273D1AC Amount of Each Receipt this Period 250.00
S _	ame of Employer elf eceipt For: Primary General Other (specify)	Occupatio Ophtham Aggregate		
C . <u>T</u> M	ull Name (Last, First, Middle Initial) homas William Biggs, II lailing Address Suite 100 5825 S Main Street	State	Zip Code	Date of Receipt 1 1 2 3 2 0 0 9 Transaction ID: 6D27E29938D8AF4FD32
F	Clarkston EC ID number of contributing sederal political committee.	C	48346-2983	Amount of Each Receipt this Period 365.00
S _	ame of Employer elf eceipt For: Primary General Other (specify)	Occupatio Ophtham Aggregate		

SCHEDULE A (FEC Form	1 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than NAME OF COMMITTEE (In Full) American Academy of Ophtha	using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) G. Edward Bryant, Jr. Mailing Address 303 W Polk Av City West Memphis FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State AR C Occupation Ophthan Aggregate		Date of Receipt M
Full Name (Last, First, Middle Initial) Mark Cabin Mailing Address Suite 120 1555 N Barring City Hoffman Estates FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State IL C Occupation Ophthan		Date of Receipt M M M / D D D 2009 Transaction ID: 92FB4EEA5512B65A1 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) David Chang Mailing Address Suite 1 762 Altos Oak: City Los Altos FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CA C Occupatio		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (o	otional)		1025.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial p	ourposes, other than using the MMITTEE (In Full)	name and add	y not be sold or used by any pers dress of any political committee to I Committee (OPHTHPAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last Grace Cinciripini Mailing Address City Seattle FEC ID number federal political of Self Receipt For: Primary Other (spe	of contributing committee.	State WA C Occupation Ophtham Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last Donald Cinotti Mailing Address City Jersey City FEC ID number federal political of Self Receipt For: Primary Other (spe	of contributing committee.	State NJ C Occupation Ophtham Aggregate		Date of Receipt M M M
Full Name (Last Thomas Ciulla Mailing Address City Indianapolis FEC ID number federal political of Self Receipt For: Primary Other (spe	200 W 103rd Street of contributing committee. yer General	State IN C Occupation Ophtham Aggregate		Date of Receipt M M M O O O O O O O O O O O O O O O O
SUBTOTAL of Re	eceipts This Page (optional)			1100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee ogy Inc Political Committee (OPHTHPAC)	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) S. William Clark Mailing Address 502 Isabella Street City Waycross FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify)	State Zip Code GA 31501-3638 C Occupation Ophthamologist Aggregate Year-to-Date 3333.28	Date of Receipt 1 1 2 3 2 0 0 9 Transaction ID: 4A4BB867B74BEDBFDA Amount of Each Receipt this Period 416.66 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
Full Name (Last, First, Middle Initial) Victor Clever Mailing Address 1005 Fairgrounds City St. Charles FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code MO 63301 C Occupation Ophthamologist Aggregate Year-to-Date 260.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 2 0 0 9 Transaction ID: 9E812D27E99DCA8BBF Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial) Curtis Cornelius Mailing Address 26 Calle Del Sol City Placitas FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NM 87043-9209 C Occupation Ophthamologist Aggregate Year-to-Date 350.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (options	al)	616.66

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Terry Croyle Mailing Address 2375 S Main Street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	1 1 0 1 2 0 0 9 Transaction ID: 4E959672459A495E15
Moultrie	GA 31768-6517	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Self	Occupation Ophthamologist	PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Jonathan Davidorf		Date of Receipt
Mailing Address Suite 190 7320 Woodlake Ave		11 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: B20451368EAA824F5
West Hills	CA 91307-1492	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Self	Occupation Ophthamologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 201.00	
Full Name (Last, First, Middle Initial) Brian Desmond		Date of Receipt
Mailing Address 19499 Blue Lake Lo	pop	11 09 2009
City	State Zip Code	Transaction ID: 33C6EC26-87CF-4748
Bend	OR 97702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Ophthamologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional		630.00

Willimantic CT 06226-2014 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Christopher Dickens Mailing Address Suite 103 491 30th Street City State Zip Code Transaction ID: 65840B9BD14EBDCD2 Amount of Each Receipt this Period Date of Receipt Transaction ID: 65840B9BD14EBDCD2 Amount of Each Receipt this Period Date of Receipt Transaction ID: 65840B9BD14EBDCD2 Amount of Each Receipt this Period Date of Receipt Transaction ID: 65840B9BD14EBDCD2 Amount of Each Receipt this Period Date of Receipt Transaction ID: 65840B9BD14EBDCD2 Amount of Each Receipt this Period Transaction ID: 65840B9BD14EBDCD2 Amount of Each Receipt this Period Date of Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Other (specify) ▼ Self Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Mailing Address 427 S Bernard Street		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. Robert Dibble Mailing Address 1120 Main Street City State Zip Code Willimantic CT 06226-2014 FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ State Zip Code Ophthamologist Aggregate Year-to-Date ▼ Transaction ID: 55840B9BD14EBDCD: Aggregate Year-to-Date ▼ Transaction ID: 55840B9BD14EBDCD: Amount of Each Receipt this Period Date of Receipt Transaction ID: 55840B9BD14EBDCD: Amount of Each Receipt this Period Date of Receipt Transaction ID: 55840B9BD14EBDCD: Amount of Each Receipt this Period Date of Receipt Transaction ID: 55840B9BD14EBDCD: Amount of Each Receipt this Period Transaction ID: 55840B9BD14EBDCD: Amount of Each Receipt this Period Date of Receipt Transaction ID: 55840B9BD14EBDCD: Amount of Each Receipt this Period Date of Receipt Transaction ID: 55840B9BD14EBDCD: Amount of Each Receipt this Period Date of Receipt Transaction ID: 55840B9BD14EBDCD: Amount of Each Receipt this Period Date of Receipt Transaction ID: 55840B9BD14EBDCD: Amount of Each Receipt this Period Date of Receipt Transaction ID: 55840B9BD14EBDCD: Amount of Each Receipt this Period Date of Receipt Transaction ID: 55840B9BD14EBDCD: Amount of Each Receipt this Period Transaction ID: 51856DBBBP14S36952E4 Amount of Each Receipt this Period Transaction ID: 51856DBBBP14S36952E4 Amount of Each Receipt this Period Transaction ID: 51856DBBBP14S36952E4 Amount of Each Receipt this Period Date of Receipt Transaction ID: 51856DBBBP14S36952E4 Amount of Each Receipt this Period Transaction ID: 51856DBBBP14S36952E4 Transaction ID: 51856DBBP14S36952E4 Transaction ID: 51		NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing Address Suite 103	A.	Robert Dibble Mailing Address 1120 Main Street City Willimantic FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	CT C Occupatio Ophtham	n nologist e Year-to-Date ▼	Transaction ID: 54287C553FFDB0E7EDC Amount of Each Receipt this Period
Date of Receipt Mailing Address 427 S Bernard Street City State Zip Code Spokane WA 99204-2559 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	- 3.	Christopher Dickens Mailing Address Suite 103 491 30th Street City Oakland FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	CA C Occupatio Ophtham	94609-3235 n nologist e Year-to-Date ▼	Transaction ID: 65840B9BD14EBDCD2D0 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		F. Jane Durcan Mailing Address 427 S Bernard Street City Spokane FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	C Occupatio Ophtham	99204-2559 n nologist e Year-to-Date ▼	Transaction ID: 91656D8BB74536952E8 Amount of Each Receipt this Period
		SUBTOTAL of Receipts This Page (optional)			864.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ai	ny information copied from such Reports and s for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology		person for the purpose of soliciting contributions see to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Shehab Ebrahim Mailing Address 4717 Woodland Aven City Metairie FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code LA 70002-1361 C Occupation Ophthamologist Aggregate Year-to-Date 800.00	Date of Receipt M M M
— В.	Full Name (Last, First, Middle Initial) John Stuart Ettenson Mailing Address 1 ThealI Road City Rye FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 10580 C Occupation Ophthamologist Aggregate Year-to-Date 250.00	Date of Receipt M M M J D D J V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) K. Bailey Freund Mailing Address 460 Park Avenue Floor 5 City New York FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 10022-1858 C Occupation Ophthamologist Aggregate Year-to-Date 250.00	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
8	SUBTOTAL of Receipts This Page (optional) .		600.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Joel Geffin Mailing Address 1201 W Main Street City Waterbury FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CT C Occupatio Ophtham Aggregate		Date of Receipt M M D D Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Todd Goldblum Mailing Address 303D Mulberry Street N City Albuquerque FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NM C Occupatio Ophtham		Date of Receipt M M D D 2 0 0 9 Transaction ID: 4930B9A42C19B33E9A3E Amount of Each Receipt this Period 25.00 PACWEB RECURRING CC PAYME-NT APPROVED AND SETTLED
C.	Full Name (Last, First, Middle Initial) Roy Goodart Mailing Address 6545 S Canyon Cove E City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State UT C Occupatio Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number)			775.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any perhename and address of any political committee		
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	gy Inc Political Committee (OPHTHPAC	C)	
Full Name (Last, First, Middle Initial) Robert Gross		Date of Receipt	
Mailing Address 4661 Livingston Ave	Mailing Address 4661 Livingston Avenue		
City <u>Dallas</u>	State Zip Code TX 75209	Transaction ID: B53B65D7-CF1F-4D6B Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	300.00	
Name of Employer Self	Occupation Ophthamologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00		
Full Name (Last, First, Middle Initial) David Guyette		Date of Receipt	
Mailing Address 600 Main Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: 53D6F33E40E16694B2	
<u>Malden</u>	MA 02148-3919	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer Self	Occupation Ophthamologist		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) Cynthia Hampton		Date of Receipt	
Mailing Address Suite 204 451 Ruin Creek Roa	d	11 01 2009	
City <u>Henderson</u>	State Zip Code NC 27536-5920	Transaction ID: 49329879B2A829B7C	
FEC ID number of contributing federal political committee.	C 27330-3920	Amount of Each Receipt this Period 25.00	
Name of Employer Self	Occupation Ophthamologist	PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	275.00		
		825.00	

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 61 (check only one) X 11a
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Ophthalmolo	gy Inc Politica	I Committee (OPHTHPAC)	
∠ 4 .	Full Name (Last, First, Middle Initial) M. Harmon			Date of Receipt
	Mailing Address Levacy and Harmon 3345 Plaza Ten Dr. S	M M / D D / Y Y Y Y Y 1 1 1 2 0 0 9		
	City	State	Zip Code	Transaction ID: D7812D8544281FC3169
	Beaumont	TX	77707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self	Occupatio Ophtham		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 730.00	
- 3.	Full Name (Last, First, Middle Initial) Weldon Havins Mailing Address 99 Applicat Hills Lan			Date of Receipt
	Mailing Address 88 Ancient Hills Lane			11 03 2009
	City	State	Zip Code	Transaction ID: 09973993B4527D8339E
	<u>Henderson</u>	NV	89074-1750	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Self	Occupatio Ophtham		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
- :.	Full Name (Last, First, Middle Initial) Richard Hawkins			Date of Receipt
	Mailing Address 1729 New Hanover I	Medical Park [Driv	1 1 1 7 7 2 0 0 9
	City Wilmington	State NC	Zip Code 28403-5345	Transaction ID: 48B3A8758391AD80FA
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self	Occupatio Ophtham		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
	SUBTOTAL of Receipts This Page (optional)			490.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 61 (check only one) X 11a 11b 11c 12 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kathryn Hecker-Magee Mailing Address 3003 Steepleton Co City Greensboro FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)		Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Marnix Heersink Mailing Address 2800 Ross Clark Ci City Dothan FEC ID number of contributing federal political committee. Name of Employer Self Receipt For:		Date of Receipt M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Jeffrey Heier Mailing Address Suite 600 50 Staniford Street City Boston FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	State Zip Code MA 02114-2517 C Occupation Ophthamologist Aggregate Year-to-Date	Date of Receipt M M
Other (specify) SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num		1300.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person githe name and address of any political committee to blogy Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Heyrman Mailing Address N84W16889 Meno City Menomonee Falls FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify)	· ,	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mark Hughes Mailing Address Suite 600 50 Staniford Stree City Boston FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	t State Zip Code MA 02114-2539 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 4583.26	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) James Izer Mailing Address 4255 Carmichael City Montgomery FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Court N State Zip Code AL 36106-3607 C Occupation Ophthamologist Aggregate Year-to-Date 750.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	nal)	1416.66

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political committee	to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Leslie Jones Mailing Address Suite 2100 2041 Georgia Avenue I City Washington FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Northwest State Zip Code DC 20060-0001 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 415.00	Date of Receipt M M
В.	Full Name (Last, First, Middle Initial) Lawrence Kahn Mailing Address 5881 E Sapphire Lane City Paradise Valley FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code AZ 85253 C Occupation Ophthamologist Aggregate Year-to-Date 650.00	Date of Receipt M M / 20 / 2009 Transaction ID: 468985DD10687E584D3A Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
c .	Full Name (Last, First, Middle Initial) Martin Kaplan Mailing Address Southdale Eye Clinic 6533 Drew Avenue S City Edina FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code MN 55435 C Occupation Ophthamologist Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		440.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 61 (check only one) X 11a
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Philip Kath Mailing Address 335 East Parker Road City Morganton FEC ID number of contributing federal political committee. Name of Employer Self	State NC C Occupatio		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Receipt For: Primary General Other (specify)	Ophthan Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) John Kennedy Mailing Address 1675 Providence Avenuation City Schenectady	ue State NY	Zip Code 12309-3919	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	Occupation Ophtham Aggregate		500.00
_ C.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Mary Frances Kerr Mailing Address 3600 Colewood Drive	0 0	0 0 0 0 0 0	Date of Receipt 1 1 0 5 2 0 0 9
	City Nashville FEC ID number of contributing federal political committee.	State TN	Zip Code 37215-3259	Transaction ID: F3C399BF9FBB7392E47 Amount of Each Receipt this Period 310.00
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophtham Aggregate		
	SUBTOTAL of Receipts This Page (optional)		······	1310.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per grade the name and address of any political committee logy Inc Political Committee (OPHTHPAC	erson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeffrey Ketcham Mailing Address PO Box 134 City Red Wing FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code MN 55066-0134 C Occupation Ophthamologist Aggregate Year-to-Date 400.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Tae Kim Mailing Address Suite 202 11829 South Stree City Cerritos FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CA 90703-6828 C Occupation Ophthamologist Aggregate Year-to-Date 365.00	Date of Receipt M M O O O O O O
Full Name (Last, First, Middle Initial) Stephen Kondash Mailing Address Suite 300 2841 Boudinot Ave City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code OH 45238-2496 C Occupation Ophthamologist Aggregate Year-to-Date 390.00	Date of Receipt M
SUBTOTAL of Receipts This Page (option	al)	440.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog			on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Lisa Lane Mailing Address 5790 N Camino De La	a Sombra		Date of Receipt
	City Tucson	State AZ	Zip Code 85718-3919	Transaction ID: 49FAA423335AF593C36 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00 PACWEB RECURRING CC PAYME-
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthan Aggregate		NT APPROVED AND SETTLED WIL-
- В.	Full Name (Last, First, Middle Initial) Wayne Larrison Mailing Address Suite 402A 46 Prince Street			Date of Receipt 1 1 1 1 2 0 0 9
	City New Haven	State CT	Zip Code 06519-1600	Transaction ID: 35A15660CF55F478C25 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Receipt For:	Occupation Ophthan Aggregate		
	Primary General Other (specify) ▼	33 3	750.00]
С.	Full Name (Last, First, Middle Initial) Jerry Lehmann Mailing Address 3129 College Street			Date of Receipt 1 1 0 5 2 0 0 9
	City Beaumont	State TX	Zip Code 77701-4660	Transaction ID: 3AD5E1DA7E31D5237F Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77701 4000	199.00
	Name of Employer Self	Occupation Ophthan		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 449.00	
	SUBTOTAL of Receipts This Page (optional) .			549.00
	TOTAL This Period (last page this line numbe	r only)	<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Rick Leoni Mailing Address Suite A 203 Rue Louis Xiv City Lafayette FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State LA C Occupation Ophtham Aggregate		Date of Receipt M M M
В.	Full Name (Last, First, Middle Initial) David Levine Mailing Address Suite H2 19271 Montgomery Vi City Montgomery Village FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MD C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- C.	Full Name (Last, First, Middle Initial) Jason Levine Mailing Address 5790 N Camino De La City Tucson FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State AZ C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 0 4 2 0 0 9 Transaction ID: 42B7898B917B3BB185A0 Amount of Each Receipt this Period 100.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	SUBTOTAL of Receipts This Page (optional) .			400.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Raymond Liggio Mailing Address 80 Lindall Street City Danvers FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MA C Occupatio Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- В.	Full Name (Last, First, Middle Initial) Kim Lindenmuth Mailing Address 45 South Park Bouleva City Glen Ellyn FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State IL C Occupatio Ophtham	Zip Code 60137-6291	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
с.	Full Name (Last, First, Middle Initial) Mark Lindsay Mailing Address 2725 E 29th Street City Bryan FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State TX C Occupatio Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y 1 1 1 0 5 2 0 0 9 Transaction ID: 8C1F9C70DD1C2DAC7E3 Amount of Each Receipt this Period 25.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1025.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Matthew Paul Madion Mailing Address 929 Business Park Dri City Traverse City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code MI 49686-8683 C Occupation Ophthamologist Aggregate Year-to-Date 699.00	Date of Receipt M M M
В.	Full Name (Last, First, Middle Initial) William Mandrick Mailing Address 44 Hackamore Lane City Bell Canyon FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CA 91307-1017 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt 1 1 0 9 2 0 0 9 Transaction ID: A6CD89FFB6B9CF3D59E Amount of Each Receipt this Period 500.00
c .	Full Name (Last, First, Middle Initial) Alan Marks Mailing Address 2110 Northern Bouleva Suite 208 City Manhasset FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 11030 C Occupation Ophthamologist Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		1064.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Ophthalmolo			
Full Name (Last, First, Middle Initial) Benjamin Mason Mailing Address 1110 Eagle Ridge R			Date of Receipt
City Cedar Falls	State IA	Zip Code 50613-1514	Transaction ID: 45CAA046DB0A7B1D8 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	C	n	PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
Self Receipt For: Primary General Other (specify) ▼	Ophtham		INT AFFROVED AND SETTLED
Full Name (Last, First, Middle Initial) James Matthews Mailing Address 53 Avenue of Cham	pions		Date of Receipt 1 1 1 1 6 2 0 0 9
City	State	Zip Code	Transaction ID: 302DB1AF28419B59F
Nicholasville	KY	40356-9720	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		365.00
Name of Employer Self	Occupatio Ophtham		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Peter McCanna			Date of Receipt
Mailing Address 1025 Regent Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Madison	State WI	Zip Code 53715-1248	Transaction ID: 228B379A3C516FB14
FEC ID number of contributing federal political committee.	C	33713-1240	Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupatio Ophtham	nologist	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00]
SUBTOTAL of Receipts This Page (optional))		780.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 61 (check only one) X
A	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and addres	s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Calvin Mein Mailing Address 9480 Huebner Road Suite 310 City San Antonio FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State TX C Occupation Ophthamolo Aggregate Ye	<u> </u>	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) James Merritt Mailing Address 8230 Walnut Hill Lane Suite 508 City Dallas FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State TX C Occupation Ophthamolo Aggregate Ye		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Aaron Miller Mailing Address Suite 4 13414 Medical Comple City Tomball FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	x Drive State TX C Occupation Ophthamolo Aggregate Ye		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
:	SUBTOTAL of Receipts This Page (optional)			150.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)	THE FUILLOA	Toommilee (OFTTTFAO)	- Date of Bassist
Α.	Donald Miller Mailing Address 1 Medical Center Drive	Э		Date of Receipt 1 1 1 7 2 0 0 9
	City Lebanon	State NH	Zip Code 03756-1000	Transaction ID: 375355372FEE5048A04 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self	Occupatio Ophtham		
	Receipt For: Primary General Other (specify)	, ' 	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Amalia Miranda	1		Date of Receipt
	Mailing Address Building A # 700 3435 Northwest 56th S		7in Oada	11 14 2009
	City Oklahoma City	State OK	Zip Code 73112-4448	Transaction ID: 4539B77D662301557F0
	FEC ID number of contributing federal political committee.	C	73112-4440	Amount of Each Receipt this Period 100.00
	Name of Employer Self	Occupatio Ophtham		PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 565.00	
_ C.	Full Name (Last, First, Middle Initial) Craig Morgan	1		Date of Receipt
	Mailing Address 1611 13th Avenue			11 23 2009
	City Huntington	State WV	Zip Code 25701-3811	Transaction ID: 5367B01B886CB17AAC Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	23701-3011	1000.00
	Name of Employer Self	Occupatio Ophtham		
	Receipt For: Primary General Other (specify) ▼	1 1	e Year-to-Date ▼ 2000.00	
	SUBTOTAL of Receipts This Page (optional)			1350.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Mulligan Mailing Address Suite 201 2515 Southwest Tre City Seattle FEC ID number of contributing federal political committee. Name of Employer Self	enton Street State Zip Code WA 98106-3209 C Occupation	Date of Receipt M M M
Receipt For: Primary General Other (specify) ▼	Ophthamologist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Thomas Mundorf Mailing Address 4333 Morrowick Roa	ad State Zip Code	Date of Receipt 1 1 0 8 2 0 0 9 Transaction ID: 97C30DEA-88E7-44AD
Charlotte FEC ID number of contributing federal political committee.	NC 28226	Amount of Each Receipt this Period 500.00
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthamologist Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Paul Nichols Mailing Address 3889 Veterans Mem	norial Parkway	Date of Receipt 1 1 0 5 2 0 0 9
City St. Peters FEC ID number of contributing federal political committee.	State Zip Code MO 63376-6416 C	Transaction ID: E05F07CD140AF86FE Amount of Each Receipt this Period 250.00
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Ophthamologist Aggregate Year-to-Date 250.00	
CURTOTAL of Possints This Poss (antional)	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 61 (check only one) X 11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ado	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Terrill Olsen Mailing Address 3260 Northwest Moun City Silverdale FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	State WA C Occupatio Ophtham	Zip Code 98383-6000	Date of Receipt 1 1
Б.	Full Name (Last, First, Middle Initial) Laura Pallan Mailing Address 807 Timber Lane City Sewickley FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State PA C Occupatio Ophtham Aggregate		Date of Receipt 1 1 2 0 2 0 9 Transaction ID: 47F89E6BE163237A464C Amount of Each Receipt this Period 25.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
С.	Full Name (Last, First, Middle Initial) Maria Patterson Mailing Address 12690 W North Avenu City Brookfield FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State WI C Occupatio Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) .			415.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to y Inc Political Committee (OPHTHPAC)	son for the purpose of soliciting contributions
A .	Full Name (Last, First, Middle Initial) Todd Perkins Mailing Address 2870 University Aven City Madison FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Ue State Zip Code WI 53705-3611 C Occupation Ophthamologist Aggregate Year-to-Date 730.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Bryan Phillips Mailing Address 3807 Royal Portrush City Naperville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	Drive State Zip Code IL 60564-5916 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 1050.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c .	Full Name (Last, First, Middle Initial) Mary Gina Ratchford Mailing Address 67 Balfour Drive City West Hartford FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CT 06117-2936 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M M J D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number		915.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Erman Rawlings Mailing Address 3430 Bienville Boulev City Ocean Springs FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State MS C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Harvey Reiser Mailing Address 945 Lantern Hill Road City Shavertown FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State PA C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
с.	Full Name (Last, First, Middle Initial) David Richardson Mailing Address Suite P25 207 S Santa Anita St City San Gabriel FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State CA C Occupation Ophtham		Date of Receipt M
	SUBTOTAL of Receipts This Page (optional)	1		1067.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Frank Romano Mailing Address 102 Fairview Dr. Suit Southampton Medica City Franklin FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State VA C Occupation Ophtham		Date of Receipt M M
В.	Full Name (Last, First, Middle Initial) Teresa Rosales Mailing Address Suite 108 4100 Long Beach Bot City Long Beach FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CA C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
с.	Full Name (Last, First, Middle Initial) Paul Rosenberg Mailing Address Ocusight Eye Care C 1015 Ridge Road City Webster FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NY C Occupation Ophtham		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			325.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 61 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	
` '	ogy Inc Political Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Harvey Rosenblum		Date of Receipt
Mailing Address 220 Madison Avenu	e	11 1 12 2009
City	State Zip Code	Transaction ID: 97A10233AD6F0622A
New York	NY 10016-3422	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	199.00
Name of Employer Self	Occupation Ophthamologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	699.00]
Full Name (Last, First, Middle Initial) David Rozas		Date of Receipt
Mailing Address Suite 101 5 Saint Vincent Circ		11 1 10 7 2009
City	State Zip Code	Transaction ID: BAE4591781F9716D8
Little Rock	AR 72205-5415	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self	Occupation Ophthamologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00]
Full Name (Last, First, Middle Initial) Steven Samuelson		Date of Receipt
Mailing Address 2827 N Clarkson St	reet	1 1 2 2 2 2 0 0 9
City	State Zip Code	Transaction ID: 45B889E1448FE4577
Fremont	NE 68025-7714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self	Occupation Ophthamologist	PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	415.00	
OUDTOTAL of Descripts This Description	l)	1224.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog			
Full Name (Last, First, Middle Initial) Ralph Sando, Jr. Mailing Address 101 Laurier Place City Bryn Mawr FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State PA C Occupation Ophthame Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Delia Sang Mailing Address 3934 S Americus St City Seattle FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State WA C Occupation Ophthame Aggregate		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Matthew Schmidt Mailing Address 7600 W College Drive City Palos Heights FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State IL C Occupation Ophtham		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			1416.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	tatements may not be sold or used by any personame and address of any political committee to Inc Political Committee (OPHTHPAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Schultze Mailing Address 49 North Street City Delmar FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code NY 12054-1017 C Occupation Ophthamologist Aggregate Year-to-Date 525.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Joel Schuman Mailing Address 5416 Darlington Rd City Pittsburgh FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code PA 15217 C Occupation Ophthamologist Aggregate Year-to-Date 500.00	Date of Receipt M M O D D O D C O D O D O D O D O D O D O D
Full Name (Last, First, Middle Initial) Donald Schwartz Mailing Address Suite 108 2650 Elm Avenue City Long Beach FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code CA 90806-1651 C Occupation Ophthamologist Aggregate Year-to-Date 565.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		890.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 40 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of an	y political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Eric Shakin Mailing Address 30 Hempstead Avenue City Rockville Centre FEC ID number of contributing federal political committee. Name of Employer Self	State Zip C NY 1157 C Occupation Ophthamologist	0-4033	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	250.00	
В.	Full Name (Last, First, Middle Initial) Hayne Sheffield Mailing Address Suite 4 13414 Medical Comp [City Tomball FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General	State Zip C	5-3333	Date of Receipt M M / D D / Y Y Y Y Y 1 1 1 2 0 0 9 Transaction ID: F6169B1D930FFD88674 Amount of Each Receipt this Period 365.00
_ C.	Full Name (Last, First, Middle Initial) David Shulman Mailing Address Suite 127 999 E Basse Road City San Antonio FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼	State Zip C TX 7820: C Occupation Ophthamologist Aggregate Year-to-D	ode 9-1802	Date of Receipt M M D D P P P P P P P P
	SUBTOTAL of Receipts This Page (optional)		·····	515.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Joseph Sidikaro Mailing Address Suite 410 435 N Roxbury Drive City Beverly Hills FEC ID number of contributing federal political committee. Name of Employer Self	State CA C		Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼	Ophtham Aggregate	ologist Year-to-Date ▼ 699.00	
В.	Full Name (Last, First, Middle Initial) Scott So Mailing Address Suite 214 2100 Webster Street City San Francisco FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State CA C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 9 2 0 0 9 Transaction ID: 471E9528D2F94AC97C8C Amount of Each Receipt this Period 100.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
с.	Full Name (Last, First, Middle Initial) James Speights Mailing Address Suite 820 7940 Floyd Curl City San Antonio FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State TX C Occupation Ophtham Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y 1 1 7 2 0 0 9 Transaction ID: 7E75F773BD0D271E5DA Amount of Each Receipt this Period 1000.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1299.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and stor commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u> </u>	Full Name (Last, First, Middle Initial) Jay Bennett Stallman Mailing Address 1100 Johnson Ferry F Building 2 Suite 593	Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: DE3416437D91028DE4
	Atlanta FEC ID number of contributing federal political committee.	GA C	30342-1709	Amount of Each Receipt this Period 199.00
	Name of Employer Self	Occupation Ophtham		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 564.00	
 3.	Full Name (Last, First, Middle Initial) Richard Storm			Date of Receipt
	Mailing Address 303 East Park Avenue	9		1 1 1 1 2 0 0 9
	City	State	Zip Code	Transaction ID: 48578286E89AA94F2B
	Long Beach FEC ID number of contributing federal political committee.	C	11561-3600	Amount of Each Receipt this Period 25.00
	Name of Employer Self	Occupation Ophtham		BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 390.00	
	Full Name (Last, First, Middle Initial) Paul Szewczyk			Date of Receipt
	Mailing Address 4900 W Main Street			11 05 2009
	City	State	Zip Code	Transaction ID: 6156C7AE2E698307A2
	Belleville	<u>IL</u>	62226-4725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Self	Occupation Ophtham	nologist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
SI	JBTOTAL of Receipts This Page (optional) .)	589.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 61 (check only one) X 11a
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Gary Tanner Mailing Address 109 Crosspointe Court City Yorktown FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code VA 23693-5581 C Occupation Ophthamologist Aggregate Year-to-Date 550.00	Date of Receipt M M M / 29 2009 Transaction ID: 44E1984C576EF3C624D8 Amount of Each Receipt this Period 50.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
В.	Full Name (Last, First, Middle Initial) John William Thomas Mailing Address 867 Brookhaven Spring City Atlanta FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	gs Court North State Zip Code GA 30342-3551 C Occupation Ophthamologist Aggregate Year-to-Date ▼	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
С.	Full Name (Last, First, Middle Initial) Peter Utrata Mailing Address Suite 320 262 Neil Avenue City Columbus FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code OH 43215-7309 C Occupation Ophthamologist Aggregate Year-to-Date 550.00	Date of Receipt M M M
	SUBTOTAL of Receipts This Page (optional)		350.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for eac	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 44 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology			n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph Walsh Mailing Address Ny Eye and Ear Infirm 310 E 14th Street City New York FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip C	03-4201	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Thomas Peter Ward Mailing Address 18 Old Stone Crossing City West Hartford FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip C	7-1859	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Aaron Weingeist Mailing Address 3934 S Americus St City Seattle FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip C WA 9811 C Occupation Ophthamologist Aggregate Year-to-D	8-1640	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1	-	600.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c 11c 15	12
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and addre	ot be sold or used by any pers		
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog	y Inc Political C	Committee (OPHTHPAC)		
	Full Name (Last, First, Middle Initial) Tay Weinman			Date of Receipt	
	Mailing Address 571 W 7th Street			M M / D D / Y	2009
	City	State	Zip Code	Transaction ID: D6A4DE1	A0B70A381B
	San Pedro	CA	90731-3115	Amount of Each Receipt this	Period
	FEC ID number of contributing federal political committee.	C			199.00
	Name of Employer Self	Occupation Ophthamol	ogist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 449.00		
_	Full Name (Last, First, Middle Initial) Jeffrey Wentzloff			Date of Receipt	
	Mailing Address 2265 Cove Dr				2009
	City	State	Zip Code	Transaction ID: 464C1E29	9-450E-4F4C-
	Traverse City	MI	49684	Amount of Each Receipt this	Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self	Occupation Ophthamol	ogist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 500.00		
_	Full Name (Last, First, Middle Initial) Wayne Whitmore			Date of Receipt	
	Mailing Address 116 E 68th Street				2009
	City	State	Zip Code	Transaction ID: 22391271	
	New York	NY	10065-5955	Amount of Each Receipt this	Period
	FEC ID number of contributing federal political committee.	C			199.00
	Name of Employer Self	Occupation Ophthamol	ogist		
	Receipt For:	Aggregate Ye	ear-to-Date ▼		
	Primary General Other (specify) ▼		699.00		
					398.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 61 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial)		Zip Code 48823-8526 n nologist e Year-to-Date ▼	Date of Receipt M M M
_	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	670.00]
В.	Brian Wnorowski Mailing Address 1404 Winesap Drive City Manasquan FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State NJ C Occupation Ophtham Aggregate		Date of Receipt M M 1 2 2 0 0 Transaction ID: 60072B78-4677-43CD- Amount of Each Receipt this Period 500.00
С.	Full Name (Last, First, Middle Initial) George Wyhinny Mailing Address 1875 W Dempster City Park Ridge FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State IL C Occupation Ophtham Aggregate		Date of Receipt M M M
	SUBTOTAL of Receipts This Page (optional)			749.00
	TOTAL This Period (last page this line number	only)		33995.98

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 61 (check only one) 11a 11b 11c 12 13 14 15 16 X 17
Any information copied from such Reports a or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full)			
American Academy of Ophthalmol	ogy Inc Political	Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Rex Cole			Date of Receipt
Mailing Address 1300 Wonder Wor	ld Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 8059970FEB1DD26AC35
San Marcos	TX	78666-7697	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self	Occupation Ophtham		corporate check, will tra- nsfer funds in future mon- th.
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	<u> </u>	365.00
TOTAL This Period (last page this line number only)	•	365.00

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 48/61 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Transaction ID: F4E3415B9BC24949432 Wells Fargo Bank N.A. Date of Disbursement **1**[™]1 3 Ŏ 2009 Mailing Address PO Box 63020 City State Zip Code Amount of Each Disbursement this Period San Francisco CA 94163 1425.59 Purpose of Disbursement Bank charges - 11/09 001 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: FD76B41A7F9C0AF4BAA Wells Fargo Bank N.A. Date of Disbursement 3 Ŏ 2009 Mailing Address PO Box 63020 City State Zip Code Amount of Each Disbursement this Period San Francisco 94163 CA 223.71 Purpose of Disbursement AMEX discount - 11/09 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	1649.30
TOTAL This Period (last page this line number only)	•	1649.30

Other (specify)

State:

IT	CHEDULE B (FEC FOIII 3)	' Use sepa	arate schedule(s)	(check only	NUMBER: PAGE 49 / 61
	EMIZED DISBURSEMENT	Detailed :	category of the Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports ar for commercial purposes, other than using				
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmol	ogy Inc Political C	ommittee (OP	HTHPAC)	
	Full Name (Last, First, Middle Initial) America's Leadership Pac				Transaction ID: 44407-0182000994 Date of Disbursement
	Mailing Address 607 14th Street, I	NW, Suite 800			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ D & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City Washington	State DC	Zip Code 20005		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary Contribution			011	1000.00
	Candidate Name America's Leadership Pac	B: 1		Category/ Type	
	Office Sought: House Senate President	Disbursement For: Primary X Other (spe	2009 General ecify) ▼		
	Full Name (Last, First, Middle Initial)	Contribution			Transaction ID: 43851-5356103777
	Butterfield for Congress Mailing Address PO Box 2571				Date of Disbursement 1 1 0 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	City	State	Zip Code		Amount of Each Disbursement this Period
	Wilson Purpose of Disbursement	NC	27894		1000.00
	2010 Primary Contribution Candidate Name G. K. Butterfield			011 Category/ Type	
	Office Sought: X House Senate President State: NC District: 01	Disbursement For: X Primary Other (spe	2010 General	7,7-2	
	Full Name (Last, First, Middle Initial)				Transaction ID: 43851-5177118182 Date of Disbursement
_	Capuano for Congress Committee				
	Capuano for Congress Committee Mailing Address PO Box 440305				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
		State MA	Zip Code 02144		Amount of Each Disbursement this Period
	Mailing Address PO Box 440305 City Somerville Purpose of Disbursement 2010 Primary Contribution			011	
	Mailing Address PO Box 440305 City Somerville Purpose of Disbursement 2010 Primary Contribution Candidate Name Michael E. Capuano	MA	02144	011 Category/ Type	Amount of Each Disbursement this Period
	Mailing Address PO Box 440305 City Somerville Purpose of Disbursement 2010 Primary Contribution Candidate Name Michael E. Capuano		2010 General	Category/	Amount of Each Disbursement this Perioc

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\	COMMITTEE (In Full) Academy of Ophthalmol	ogy Inc Political (Committee (OP	HTHP	AC)					
	(Last, First, Middle Initial) or Congress						Disburse	ment	'-604015	
Mailing Ad	dress 301 W. Platt Stre	et #385				1 1	1	6 / Y	ŽOĎ	9
City Tampa		State FL	Zip Code 33606			Amoun	t of Each	Disburse	ement this	
	f Disbursement on 2010 Primary			01	1				1000.00)
Candidate Katherine	Name e Anne Castor			Categ Typ	-					
Office Sou	Senate President	Disbursement For: X Primary Other (sp	2010 General pecify)							
	District: 11 (Last, First, Middle Initial) A. Gonzalez Congressiona	al Campaign					ction ID:		-281322	6580
Mailing Ad						M M			ŹOŎ	9 ^Y
City San Anto	onio	State TX	Zip Code 78212			Amoun	t of Each	Disburse	ement this	Period
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Candidate Charles	Name A. Gonzalez			Cateo Typ						
	ight: χ House	Disbursement For:	2010 General							
Office Sou	Senate President	X Primary Other (sp								
State: TX Full Name	Senate President					Date of	Disburse	ment	'-947750	
State: TX Full Name	Senate President District: 20 (Last, First, Middle Initial) riguez for Congress						Disburse		7-947750 (
State: TX Full Name Ciro Rod	Senate President District: 20 (Last, First, Middle Initial) riguez for Congress dress PO Box 14528					Date of	Disburse	ment P		9 ^Y
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IT			parate schedule(s)	FOR LINE	
	EMIZED DISBURSEMEN	ITS for each	h category of the d Summary Page	(check only 21b 27	y one) 22
					or the purpose of soliciting contributions licit contributions from such committee
	NAME OF COMMITTEE (In Full) American Academy of Ophthaln				
<u> </u>	Full Name (Last, First, Middle Initial) Coburn for Senate 2010				Transaction ID: 67627-19718569517 Date of Disbursement
	Mailing Address Post Office Bo	x 977			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 6 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
	City Muskogee	State OK	Zip Code 74402		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution 2010 Primary Candidate Name			011	1000.00
	Tom A. Coburn Office Sought: House	Disbursement For:	2010	Category/ Type	
	X Senate President	X Primary	General pecify)		
	State: OK District: Full Name (Last, First, Middle Initial) Congressman Waxman Campa	ian Committee			Transaction ID: 43851-2702142596
	Mailing Address 6380 Wilshire				M M / D 3 / Y Y Y O Y 9
	City Los Angeles	State CA	Zip Code 90048		Amount of Each Disbursement this Period
	· ·				0500.00
	Purpose of Disbursement 2010 Primary Contribution			011	2500.00
				011 Category/ Type	2500.00
	2010 Primary Contribution Candidate Name Henry A. Waxman Office Sought: X House Senate President	Disbursement For: X Primary Other (sp	2010 General pecify) ▼	Category/	2500.00
	2010 Primary Contribution Candidate Name Henry A. Waxman Office Sought: X House Senate	X Primary Other (sp	General	Category/	
	2010 Primary Contribution Candidate Name Henry A. Waxman Office Sought: X House Senate President State: CA District: 30 Full Name (Last, First, Middle Initial)	X Primary Other (sp	General	Category/	Transaction ID: 67627-0958215594
	2010 Primary Contribution Candidate Name Henry A. Waxman Office Sought: X House Senate President State: CA District: 30 Full Name (Last, First, Middle Initial) Cummings for Congress Campa	X Primary Other (sp	General	Category/	Transaction ID: 67627-0958215594 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	2010 Primary Contribution Candidate Name Henry A. Waxman Office Sought: Senate President State: CA District: 30 Full Name (Last, First, Middle Initial) Cummings for Congress Campa Mailing Address PO Box 1631 City Baltimore Purpose of Disbursement 2010 Primary Contribution	X Primary Other (spanies) Align Committee State	General pecify) ▼ Zip Code	Category/ Type	Transaction ID: 67627-0958215594 Date of Disbursement M
	2010 Primary Contribution Candidate Name Henry A. Waxman Office Sought: X House Senate President State: CA District: 30 Full Name (Last, First, Middle Initial) Cummings for Congress Campa Mailing Address PO Box 1631 City Baltimore Purpose of Disbursement 2010 Primary Contribution Candidate Name Elijah E. Cummings	X Primary Other (spanies) Aign Committee State MD	General pecify) Zip Code 21203	Category/ Type	Transaction ID: 67627-0958215594 Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	2010 Primary Contribution Candidate Name Henry A. Waxman Office Sought: Senate President State: CA District: 30 Full Name (Last, First, Middle Initial) Cummings for Congress Campa Mailing Address PO Box 1631 City Baltimore Purpose of Disbursement 2010 Primary Contribution Candidate Name	X Primary Other (spanies) Aign Committee State MD Disbursement For: X Primary	General pecify) Zip Code 21203	Category/ Type 011 Category/	Transaction ID: 67627-09582155942 Date of Disbursement M M M / D D D / Y Y Y O Y Y Amount of Each Disbursement this Period

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	-	PAGE 52/61
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 28a 28b	24 25 26 28c 29 30
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	and address of any political	r committee to soi	icit contributions in	om such committee
American Academy of Ophthalmology Inc F	Political Committee (OP	PHTHPAC)		
Full Name (Last, First, Middle Initial) Fleming for Congress			Transaction ID: Date of Disburse	: 43851-127758204936 ement
Mailing Address PO Box 1236			11 1 0	0 3 Y 2 0 0 9 Y
Minden I	State Zip Code _A 71058		Amount of Each	Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution Candidate Name		011		1500.00
John Calvin Fleming, Jr.		Category/ Type		
President	ment For: 2010 Primary General Other (specify)			
State: LA District: 04				
Full Name (Last, First, Middle Initial) Freedom Project; the			Date of Disburse	
Mailing Address 631-B Pennsylvania Ave., Basement Unit	SE		1 1 D	6 Y 2009
	State Zip Code DC 20003		Amount of Each	Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution		011		2000.00
Candidate Name Freedom Project; the		Category/ Type		
Office Sought: House Disburser Senate President X State: District: Contribu	Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) Friends for Harry Reid			Transaction ID:	: 43851-660274684429 ement
Mailing Address PO Box 19163			1 1 1 0	0 3 Y 2 0 0 9 Y
	State Zip Code NV 89132		Amount of Each	Disbursement this Period
Purpose of Disbursement 2010 General Contribution		011		2500.00
Candidate Name Harry M. Reid		Category/ Type		
Office Sought: House Disburser X Senate President	ment For: 2010 Primary X General Other (specify)			
State: NV District:				
SUBTOTAL of Disbursements This Page (optional)		>		6000.00
TOTAL This Period (last page this line number only)		>		

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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl) 21b 27	y one) 22 X 23 24 25 26 28a 28b 28c 29 30
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam			
V OI	NAME OF COMMITTEE (In Full)	e and address of any politica	u commutee to so	onen contributions from such committee
$ \rangle$	American Academy of Ophthalmology Inc	Political Committee (OF	PHTHPAC)	
	Full Name (Last, First, Middle Initial) Friends for Jim McDermott			Transaction ID: 43851-813274562358 Date of Disbursement
	Mailing Address PO Box 21786			111 03 7 2009
	Seattle	State Zip Code WA 98111		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary Contribution Candidate Name		011	1000.00
	Jim McDermott	ement For: 2010	Category/ Type	
	Senate X President	Primary General Other (specify)		
	State: WA District: 07			
	Full Name (Last, First, Middle Initial) Friends of Bill Posey			Transaction ID: 67627-054027736186 Date of Disbursement
	Mailing Address PO Box 360877			111 16 7 2009
	City Melbourne	State Zip Code FL 32936		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary Contribution		011	1000.00
	Candidate Name Bill Posey		Category/ Type	
	X III	ement For: 2010 Primary General Other (specify)		
	Full Name (Last, First, Middle Initial) Friends of Chris Dodd			Transaction ID: 43851-921856105327 Date of Disbursement
	Mailing Address PO Box 270701			111 03 7 2009
	City West Hartford	State Zip Code CT 06127		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary Contribution		011	2500.00
	Candidate Name Christopher J. Dodd		Category/ Type	
	X Senate X President	ement For: 2010 Primary General Other (specify)		
_	State: CT District:			
s	UBTOTAL of Disbursements This Page (optional)			4500.00
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	y Information copied from such Reports an or commercial purposes, other than using				
	NAME OF COMMITTEE (In Full) American Academy of Ophthalmolo				
<u> </u>	Full Name (Last, First, Middle Initial) Friends of Chris Dodd				Transaction ID: 67627-57029360532 Date of Disbursement
	Mailing Address PO Box 270701				111
	City West Hartford	State CT	Zip Code 06127		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 General Contribution Candidate Name			011 Category/	5000.00
	Christopher J. Dodd	Disbursement For:	2010	Type	
	X Senate President State: CT District:	Primary Other (spe	X General		
	Full Name (Last, First, Middle Initial) Friends of Erik Paulsen				Transaction ID: 43851-90418642759 Date of Disbursement
	Mailing Address PO Box 44369 250 Prairie Center	r Drive			111 03 7 2009
	City Eden Prairie	State MN	Zip Code 55344		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary Contribution			011	2500.00
	Candidate Name Erik Paulsen			Category/ Type	
	Office Sought: X House Senate President State: MN District: 03	Disbursement For: X Primary Other (spe	2010 General		
	Full Name (Last, First, Middle Initial) Friends of Ginny Brown-Waite				Transaction ID: 67627-21226137870 Date of Disbursement
	Mailing Address PO Box 865				$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} D & D & D \\ 1 & G \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
	City Brooksville	State FL	Zip Code 34605		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary Contribution			011	1000.00
	Candidate Name Virginia Brown-Waite			Category/ Type	
	Office Sought: X House Senate President State: FL District: 05	Disbursement For: X Primary Other (spe	2010 General ecify) ▼		

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ITI	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	\Box	23 28b	24 28	。 F	25 29	
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\	American Academy of Ophthalmology I	nc Political Committee (O	PHTI	HP/	AC)							
	Full Name (Last, First, Middle Initial) Friends of Ginny Brown-Waite						sactio of Dis		ment		69134	
	Mailing Address PO Box 865							-				
	City Brooksville	State Zip Code FL 34605				Amou	ınt of l	Each	Disbur		t this F	-
	Purpose of Disbursement 2010 Primary Contribution			01	1	L.				20	00.00	
	Candidate Name Virginia Brown-Waite			ateg Typ	ory/ e							
	Senate President	rsement For: 2010 X Primary General Other (specify) ▼										
	State: FL District: 05 Full Name (Last, First, Middle Initial)					Trans	sactio	n ID·	6869	an-21	54046	8893
	Friends of Jack Kingston						of Dis	burse	ment			
	Mailing Address PO Box 2133 PO Box 2133					1 1		^D 2	3 /	2	0 0 9)
	City Savannah	State Zip Code GA 31402				Amou	unt of I	Each	Disbur	semer	t this F	Period
	Purpose of Disbursement 2010 Primary Contribution			01	1	<u>L</u> .				25	00.00	
	Candidate Name Jack Kingston			ateg	ory/ e							
	Office Sought: X House Senate President State: GA District: 01	rsement For: 2010 X Primary General Other (specify)	1									
	Full Name (Last, First, Middle Initial) Griffith for Congress					Date	of Dis	burse	ment		26385	
	Mailing Address Post Office Box 2916					1 1	M /	1	6 /	. 2	0 ŏ 9)
	City Huntsville	State Zip Code AL 35804				Amou	unt of I	Each	Disbur	semer	t this F	Period
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	Candidate Name Parker Griffith				ory/							
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	y Information copied from such Reports for commercial purposes, other than usi				for the purpose of soliciting contributions slicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalm	ology Inc Political	Committee (OP	HTHPAC)	
<u> </u>	Full Name (Last, First, Middle Initial) Gutierrez for Congress				Transaction ID: 67627-73054140806 Date of Disbursement
	Mailing Address 5310 W. Cullor	n Ave			111
	City Chicago	State IL	Zip Code 60641		Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary Contribution			011	1000.00
	Candidate Name Luis V. Gutierrez Office Sought: X House	Disbursement For:	2010	Category/ Type	
	Senate President	X Primary	General Decify)		
	State: IL District: 04 Full Name (Last, First, Middle Initial) Hall for Congress Committee (R.	ALPH HALL - ROC	KWALL. TEX-		Transaction ID: 43851-50877016782
	AS) Mailing Address Post Office Box				M M / D 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Rockwall	State TX	Zip Code 75087		Amount of Each Disbursement this Period
	Purpose of Disbursement			011	1000.00
	2010 Primary Contribution				
	Candidate Name Ralph M. Hall			Category/ Type	
	Candidate Name Ralph M. Hall Office Sought: X House Senate President	Disbursement For: X Primary Other (sp	2010 General Decify)	Category/	
	Candidate Name Ralph M. Hall Office Sought: X House Senate	X Primary	General	Category/	Date of Disbursement
	Candidate Name Ralph M. Hall Office Sought: Senate President State: TX District: 04 Full Name (Last, First, Middle Initial)	X Primary Other (sp	General	Category/	
	Candidate Name Ralph M. Hall Office Sought: Senate President State: TX District: 04 Full Name (Last, First, Middle Initial) Hoyer for Congress Mailing Address 607 14th Stree Suite 800 City Washington	X Primary Other (sp	General	Category/	Date of Disbursement M M M / D D D / Y Y Y O Y 9 Amount of Each Disbursement this Perioc
	Candidate Name Ralph M. Hall Office Sought: Senate President State: TX District: 04 Full Name (Last, First, Middle Initial) Hoyer for Congress Mailing Address 607 14th Stree Suite 800 City Washington Purpose of Disbursement 2010 Primary Contribution	X Primary Other (sp	General Decify) ▼ Zip Code	Category/ Type	Date of Disbursement M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Candidate Name Ralph M. Hall Office Sought: X House Senate President State: TX District: 04 Full Name (Last, First, Middle Initial) Hoyer for Congress Mailing Address 607 14th Stree Suite 800 City Washington Purpose of Disbursement 2010 Primary Contribution Candidate Name Steny H. Hoyer	X Primary Other (sp	General Decify) ▼ Zip Code 20005	Category/ Type	Date of Disbursement M M M / D O O O O O O O O O O O O O O O O O O
	Candidate Name Ralph M. Hall Office Sought: Senate President State: TX District: 04 Full Name (Last, First, Middle Initial) Hoyer for Congress Mailing Address 607 14th Stree Suite 800 City Washington Purpose of Disbursement 2010 Primary Contribution Candidate Name	X Primary Other (sp	General Decify) ▼ Zip Code 20005	Category/ Type 011 Category/	Amount of Each Disbursement this Period

In each category in partial partial communities and interest the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full)	SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s) FOR LINE (check only	NUMBER: PAGE 57 / 61
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full)		Detailed Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29
Full Name (Last, First, Middle Initial) Michael Burgess for Congress Mailing Address PO Box 2334 City State Zip Code Denton TX 76202 Purpose of Disbursement 2010 Primary Contribution Candidate Name Michael C. Burgess Office Sought: X House Senate President State: TX District: 26 Full Name (Last, First, Middle Initial) Michael Gurgess Office Sought: X House Senate President State: TX District: 26 Full Name (Last, First, Middle Initial) Michael Groongress Mailing Address 213 Lisbon St City State Zip Code Lewiston ME 04240 Purpose of Disbursement 2010 Primary Contribution Candidate Name Michael H. Michael Office Sought: X House Senate President Senate President Senate President Senate Senate President Senate President Senate President Senate President State: Zip Code Lewiston ME 04240 Purpose of Disbursement 2010 Primary Contribution Candidate Name Michael H. Michael Office Sought: X House President State Zip Code Senate President Senate President State: Xip Code Senate President State Xip Code Senate President Senate Xip Code Senate S	or for commercial purposes, other than using the na			
Michael Burgess for Congress Mailing Address PO Box 2334 City	American Academy of Ophthalmology Ir	c Political Committee (OF	PHTHPAC)	
City State Zip Code Purpose of Disbursement Sonate President State: TX District: 26 Full Name (Last, First, Middle Initial) Michael H. Michael Mame Michael H. Michael Disbursement Sonate Purpose of Disbursement State: TX District: 26 Full Name (Last, First, Middle Initial) Michael H. Michael Mame Michael H. Michael District: 26 Full Name (Last, First, Middle Initial) Minimick for Congress Mailing Address 8150 West Emerald, Ste. 170 City State Zip Code Sonate President State: Me District: 02 Full Name (Last, First, Middle Initial) Minimick for Congress Mailing Address 8150 West Emerald, Ste. 170 City State Zip Code ID 83704 Transaction ID: 67627-71374144 Date of Disbursement William District: 02 Full Name (Last, First, Middle Initial) Minimick for Congress Mailing Address 8150 West Emerald, Ste. 170 City State Zip Code ID 83704 Transaction ID: 67627-81722650 Date of Disbursement 1 1000.00 Transaction ID: 67627-81722650 Date of Disbursement 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,			
Denton TX 76202 Purpose of Disbursement 2010 Primary Contribution Candidate Name Michael C. Burgess Office Sought:	Mailing Address PO Box 2334			111 03 2009
2010 Primary Contribution Candidate Name Michael C. Burgess Office Sought:				Amount of Each Disbursement this Period
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Senate President State: TX District: 26 Full Name (Last, First, Middle Initial) Michaud for Congress Mailing Address 213 Lisbon St City State Zip Code Lewiston ME 04240 Purpose of Disbursement 2010 Primary Contribution Candidate Name Michael H. Michaud Office Sought: X House Senate President Mailing Address 8150 West Emerald, Ste. 170 City State Zip Code Lewiston ME 04240 Full Name (Last, First, Middle Initial) Minnick for Congress Mailing Address 8150 West Emerald, Ste. 170 City State Zip Code Disbursement State: ME District: 02 Full Name (Last, First, Middle Initial) Minnick for Congress Mailing Address 8150 West Emerald, Ste. 170 City State Zip Code ID 83704 Purpose of Disbursement Candidate Name Walter C. Minnick Office Sought: X House Senate President Disbursement For: 2010 Candidate Name Walter C. Minnick Office Sought: X House Senate President Disbursement For: 2010 Candidate Name Walter C. Minnick Office Sought: X House Senate President Disbursement For: 2010 Candidate Name General Category/ Type Disbursement For: 2010 Candidate Name General Category/ Type Disbursement For: 2010 Candidate Name General Category/ Type Disbursement For: 2010 Candidate Name Category/ Type			, ,	
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